

ABSTRACT OF THE DISCLOSURE

A method and apparatus for performing a minimally invasive total hip arthroplasty. An approximately 3.75 - 5 centimeter (1.5 - 2 inch) anterior incision is made in line with the femoral neck. The femoral neck is severed from the femoral shaft and removed through the anterior incision. The acetabulum is prepared for receiving an acetabular cup through the anterior incision, and the acetabular cup is placed into the acetabulum through the anterior incision. A posterior incision of approximately 2 - 3 centimeters (0.8 - 1.2 inches) is generally aligned with the axis of the femoral shaft and provides access to the femoral shaft. Preparation of the femoral shaft including the reaming and rasping thereof is performed through the posterior incision, and the femoral stem is inserted through the posterior incision for implantation in the femur. A variety of novel instruments including an osteotomy guide, an awl for locating a posterior incision aligned with the axis of the femoral shaft, a tubular posterior retractor, a selectively lockable rasp handle with an engagement guide, and a selectively lockable provisional neck are utilized to perform the total hip arthroplasty of the current invention.